

Mr. Speaker, trying to find the driver and trying to find the company, trying to find anybody who could give them information about, first of all, what had happened, who owned this truck, who was this person. And obviously the truck driver lived; her mom and dad of course did not. Getting any kind of compensation has been a nightmare.

Now, again, we are taking a fairly small, limited sample. And I am sure that we both agree that within this first year we both want this first year to be completely accident free. We should all want that. But what is it going to tell us if it is accident free? What knowledge are we going to have gained 12 months from now if it has been accident free?

This is what concerns me, that they take the entire program, put a great big Good Housekeeping stamp of approval on it and call it good and open it up. And then we are going to see what really happens.

Mr. RYAN of Ohio. And the concern for a lot of us is that this administration does not really have a very good track record of being open and honest with the Congress through a variety of issues. We go all the way across the board from the Iraq war, whether you were for it or against it or wherever you ended up; the actual execution of unbid contracts and lack of oversight and not getting the kinds of answers we need.

Katrina, we have the same kind of deal. The President goes down, Mr. Speaker, and says everything is doing great. Good job, Brownie, we are doing everything we can. Then you find out over the course of several days, several weeks, several years that it wasn't going well at all. There was no infrastructure in place; there was no civil coordination. We had all kinds of problems.

And I think it is so important that the gentlewoman, Mr. Speaker, from Kansas has brought this issue to the Congress and made it a priority, not only for her but for the whole Congress, passing legislation with 410 other Members other than herself, is that we need to make sure that, if we do it, we do it right and we get it done, and we make sure that we have the safety standards in place, the drug testing, the sleep, the caps, the traditional safety standards that we have here, Mr. Speaker.

This is important stuff. And it can't be you say one thing today, and we find out a year later that it is not going as well; everybody passes, we completely implement the program, and we find out a year later. Now we have 5,000 trucks on the road coming from Mexico, and none of them are safe, or 50 percent of them are safe. That is too risky for I think our tastes.

So it is important that we continue to push the other side of the Capitol to pass this piece of legislation, talk to our Senators, talk to the people we work with to get this thing done. This is important for the American people, a

priority for you, a priority for me, and a lot of our other colleagues to the tune of 411 of us. We can't agree on anything with 411 people, but we agree on this issue.

Mrs. BOYDA of Kansas. Absolutely. I think that really speaks for it. In July, what, 114 Members in the House also signed an urgent, urgent letter to the President, Mr. Speaker, just calling on him to stop this pilot program until these safety concerns were met.

Is this about jobs? Sure. Is it about safety? Absolutely. And ultimately that is why I had to stand up and say something. This is about safety, and 114 Members of this House right here, absolutely bipartisan, wrote a letter to the President imploring that he stop this program before it gets started.

And so in the House we have passed the Safe American Roads Act; we have signed on to some statements in the supplemental asking for the President, telling the President and/or law to stop this. We have written a letter. I am hoping that our colleagues in the Senate, certainly I am calling on my colleagues from Kansas, to stand up and to really get behind this issue very clearly, very forcefully, and impress in whatever way we can to influence the President of the United States, and to see that we bring this extremely ill conceived project to a halt. The horse has not left the barn, but it is getting ready to. Now, that is what we say in Kansas.

Mr. RYAN of Ohio. It has got the hoof out.

Mrs. BOYDA of Kansas. We have lots of horses in Kansas. The horse has left the barn. It has not left the barn; it is getting ready to. And then we are going to hear that it is going to be impossible to pull back. And this is what we have to do, and it just cannot be allowed to go further.

Some of the independent truckers in my district were so concerned because they knew that this pilot program was being discussed; and yet time after time they were told, no, don't worry about it, this is not going to happen.

And I agree with you, Mr. RYAN, that just the issue of trust has so much to do with this right now. And I think the American people are just deeply offended that the President has said "trust me" one more time, and they are just not able to.

This is not about race, it is not about Mexico, it is not about anything other than keeping our families safe when we get out on the road that we could be assured that every safety precaution, every reasonable safety precaution has been met, and that the force of law is behind it and the American people, their tax dollars are going to make sure that this is being enforced, and they can get out on the roads, take the kids to wherever they are going, over the river and through the woods, and know that they are going to be safe.

Mr. RYAN of Ohio. I want to in closing just say that hopefully, and I think this has, that there is a real move

afoot in Congress, whether it is with your bill regarding transportation and Mexican trucking, ROSA DELAURIO talking about food safety, toy safety coming in from China. There is a lot of movement coming in Congress to say, hey, we have got these standards here. We were one of the first countries to implement them. They were important to us. We like the standard of living that we have here, and we want to keep it moving. That is why I think this is such a key piece of legislation.

So I am happy to support you and continue to talk about this and keep pushing.

Mrs. BOYDA of Kansas. I thank you very much. I think we both asked the American people to stand up and to make their voices heard. Everyone plays a part in our democracy. That is the beauty of our democracy.

So, Mr. Speaker, I implore the good people of America to stand up and very clearly and forthrightly, respectfully of course, very respectfully, say that they cannot support this, nor can they support people who are unwilling to stand up and take a stand on this.

With that, I thank my colleague from Ohio for joining me this evening, and I certainly am hoping that very, very soon we will have good news and this program will be put to rest.

□ 2130

SCHIP

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentleman from Texas (Mr. BURGESS) is recognized for 60 minutes.

Mr. BURGESS. Mr. Speaker, I'm not certain my voice is going to hold out for a full hour, but I will do my best.

I come to the floor tonight to talk, as I do every week, about health care, the state of health care in America. We have an unusual week ahead of us here in the House of Representatives. Many people know that we have been debating the reauthorization of the State Children's Health Insurance Program for several months now.

The bill that was passed on the floor of the House at the end of September was vetoed by the President and that bill, I'm assuming, will be coming back to the floor of the House this week to test the possibility of an override on the President's veto.

Mr. Speaker, I support the reauthorization of the State Children's Health Insurance Program, as does, I suspect, almost everyone in this body. But, Mr. Speaker, the bill that we received the end of September was not a good bill to accomplish the purposes that we're looking to accomplish.

Mr. Speaker, we need to focus on the poor children in this country and only expand the program after we're doing a good job taking care of the poor children and the near poor in this country. And I don't think we have yet met that test, and that's why I supported the

President when he vetoed the legislation; and I hoped that that would be an impetus for both sides to come back together in this House and work on that bill and get a product for the American people, a viable product to reauthorize the State Children's Health Insurance Program for the American people. Unfortunately, that has not, that expectation has not been met.

Now, Mr. Speaker, the State Children's Health Insurance Program was introduced 10 years ago. You know, when we all stood up in this Chamber last January and raised our right hands and swore our oath to defend the Constitution, every man and woman among us in this body knew that September 30th of this year the State Children's Health Insurance Program was going to expire, was going to go away. It had a shelf life, and September 30th of 2007 was that date.

I was very disappointed that we had only the most general hearings about insurance coverage in our Committee on Energy and Commerce. We never had a legislative hearing on the bill that we voted on at the end of July, the first part of August. We never had a subcommittee markup during the summer on the bill that we voted on the beginning of August. We had a bill that was delivered to us about 24 hours before it was rammed through the full committee on our Energy and Commerce Committee and then brought to the floor of this House.

I had four amendments that I took to the Rules Committee. None were made in order. The bill was passed primarily on a party line vote, and it's called bipartisan. I guess that's what passes for bipartisanship in this town right now.

But, Mr. Speaker, let me reemphasize, I support the reauthorization of the State Children's Health Insurance Program. In 1997, I wasn't here in this House. But a Republican House of Representatives, recognizing there was a gap between children whose parents made too much money to qualify for Medicaid and yet not enough money to be able to afford their own insurance coverage, there was a gap in the coverage for health insurance for children, and the Congress, in 1997, wisely, I think, stepped up and provided the leadership and provided the legislation that gave us a program that I think, arguably, has functioned very well for the past 10 years.

But part of the wisdom, part of the reason of having a program be reauthorized after a set period of time is, let's step back and look at the program. Is it doing a good job? Is it functioning as intended? Are there things we could do better? Are there improvements that can be made? Are there areas where it could be streamlined? I think the answer to every one of those questions in regard to the State Children's Health Insurance Program was yes. And it's a tragedy, it's unfortunate that we never got a chance to even talk about any of those improvements. Instead, we got a very draconian process

and a bill pushed through the House that was absolutely unacceptable to the President and, as a consequence, he vetoed it. And as a consequence, after 2 weeks of some of the most severe political hammering that has ever been seen in this country, we're now going to have a vote this Thursday on whether or not to override the President's veto.

Mr. Speaker, in 1997 the committee on which I currently serve, the Committee on Energy and Commerce, crafted this original legislation. It was done with the best of intentions. There were children whose parents earned too much money for Medicaid. They earned over 150 percent of poverty. That's about a level of \$35,000 for a family of four. But they didn't make enough money to pay for their own health insurance. Two hundred percent of poverty is a level of about \$41,000 a year for a family of four. So the children who fell into that gap couldn't be covered under Medicaid, and their parents didn't quite make enough money to cover them on their employer-derived insurance.

Now, about 50 percent of the children in that category did have employer-derived insurance, but the other 50 percent were the ones who needed help, and that's where the help was targeted.

The program, as it was initially authorized, was a \$40 billion program over 10 years' time. Every State had 3 years to spend its State allotment.

Now, that's important in my home State of Texas because our legislature meets every 2 years. Anything less than a 3-year time period in which to spend the allotted money means that any changes that are made in the program won't have time to go into effect, and Texas would be at risk of losing some of those dollars under the bill passed by the House and vetoed by the President.

Now, I said it before and I'll say it again. I think almost every person in this body wants to have this program reauthorized and wants to make certain that children have health care coverage. Let's ignore the question of cost for a moment. But I don't think we can ignore some of the other issues that surround this concept.

What if we expand the program in a way that erodes, it takes away the component of commercial insurance that's available to families with children. Is that ultimately a good thing or a bad thing? Will the future look better or worse if we erode that private coverage?

Now, raising taxes to pay for the program, if we have to do it, but Mr. Speaker, the funding mechanisms that are before us on this authorization actually disappear in 5 years. Under the current PAYGO rules of the House, the program has to be fully funded, so it's all front loaded. And guess what happens? Four or 5 years into the program, it falls off a cliff, and someone's going to have to deal with that cliff, someone who perhaps is currently serving in this body or someone who will be serv-

ing in this body, they will have to face those funding shortfalls in years to come.

We all know that there are difficulties that face the Congress in the years ahead as far as paying for entitlement programs, so any time we expand an entitlement program, we have to be very careful, very careful that we have thought through the issue of funding support for the future, or else that very famous line of passing the cost on to our children and grandchildren, in fact, becomes a self-fulfilling prophecy.

Mr. Speaker, some of the problems I see with the bill that was passed by this House at the end of September: The 2-year time interval to spend money by the States is, for a State with a 2-year legislative process, that's going to be mighty difficult.

This program will be spending more money than the previous authorization of SCHIP. The current funding is to be \$60 billion over 5 years. Remember, the original SCHIP bill back in 1997 was \$40 billion over 10 years. This bill will spend \$60 billion over 5 years.

There is no hard limit. Although you will hear people talk about the upper limit being 300 percent of poverty, because of income set-asides and disregards that are available to the States, there are no hard upper limits.

But, Mr. Speaker, is that what the American people want? When we hear that this issue polls very well for Democrats and very poorly for Republicans, well, let's look into that just a little bit. A poll out just this week from USA Today shows a majority, over 50 percent of the people in this country, agree that poor children should be covered first. It's a fairly simple concept. And guess what? The American people get it. That's what they want to see us do, cover poor children first.

Now, if we follow a process that allows those State disregards, those income disregards and set-asides and have a system of open-ended Federal funding for the States that go over budget, imagine what is going to happen when people in this body are faced with reauthorizing this program in 5 years' time.

Now, one of the real pernicious aspects of this is that it shifts children who are participating in private insurance to a government program.

Mr. Speaker, let's take a look at this next graph. We see, if we look at children whose families earn in the 100 to 200 percent of the Federal poverty limit, about half of those children have private health insurance. So it's this group of children that the SCHIP program initially set out to cover.

Now, if we expand the eligibility limits between 200 and 300 percent of the Federal poverty limits, three out of four kids are already covered by private health insurance. If we go up to 300 percent of the Federal poverty limit, nine out of 10 are already covered. And if we go up to 400 percent of poverty, 95 percent of those children already have insurance. And yet some

States, two eastern States, have exceptions in the Democratic-passed bill which would allow children to be covered whose families earn up to 400 percent of poverty.

Well, Mr. Speaker, I submit that the universe of children in that group is pretty small that doesn't have health insurance. And to be sure, we should find them and help them. But do we want to move children who are already covered by viable commercial insurance, do we want to move them to a government program?

What are we trying to do here? Grow the government or build stronger families? I'll vote for the families every time.

Now, carve-outs for States, primarily States in the northeast, essentially requires other States to subsidize their programs. How's that going to happen?

Well, a State like Texas that right now has 3 years to spend its State allotment is going to be cut back to 2 years. Our legislature met this last year in 2007. It won't meet again till 2009. So if their State allotment requires a higher level of spending or money is left on the table, guess what? The money's left on the table. But it's not really left on the table for very long. Where's it going to go? It's going to go to one of those States that is now allowed to cover children up to 400 percent of the Federal poverty limit. Well, I don't think anyone in Texas, if they really understood what was happening here, would be in favor at all of the bill that passed this House the end of September, and they would be very grateful that the President provided a backstop with a Presidential veto and said, Get back to the House and get back to work on that.

Mr. Speaker, one of the real problems with the SCHIP bill, and one of the, when we talk about things that we could do to improve the SCHIP bill, one of the ways we've gotten away from those original intentions when this bill was passed back in 1997 is that we have allowed adults to be covered under the SCHIP program. In fact, there are four States right now that cover more adults than they do children. In fact, one State, 87 percent of the participants in the SCHIP program are not children. Well, that seems to fly in the face of what was a good and sound public policy at its inception.

Now, to be sure, those waivers have been granted by the previous administration and by this administration. Well, they've got to stop. And certainly, the language in the current SCHIP bill that was voted on the floor of the House made moves in that direction, but nowhere near fast enough.

Every dollar we spend on an adult in this program is money that we can't spend on a child. And you know what? It only costs about 60 percent of the dollars to insure a child versus an adult. Children are relatively cheap to insure because they're healthy. If we take those dollars and displace them to the coverage of adults, we push propor-

tionately more children off of the program. And I don't think that's what anyone had in mind. So ending the coverage of adults under the SCHIP program is certainly something we've got to pay strict attention to, and simply phasing it out in 5 years' time, in my mind, is probably not moving aggressively enough in that area.

□ 2145

Putting the children back in SCHIP ought to be one of our first principles, one of our first priorities in the reauthorization of this bill.

Now, another pernicious aspect of the House-passed bill in September, and it's not a big deal, probably didn't get any headlines anywhere in this country, but eliminating some of the demonstration projects that were carefully crafted to try to look at other options for people who fall between the Medicaid and not quite being wealthy enough to provide their own health insurance, to allow States to have the flexibility to set up a health opportunity account, to allow a family to perhaps build and develop a medical IRA so that they can transition from a State-based insurance program to a private-based insurance program in the future.

Now, I saw a lot of patients in my medical practice who were covered under Medicaid. I had an obstetrics practice; and because of Texas State law, obstetrics is one of the things that is almost automatically covered under Medicaid. We saw a fair amount of Medicaid patients. But, Mr. Speaker, over time those families wanted to gravitate to a private insurance coverage because it was better coverage and they had more choice of whom they could see. They weren't so restricted in their choice of providers. Allowing them to begin to build the equity that will allow them to do that, well, I think that's a fundamental desire of a lot of young families who start out on one of the State or Federal assistance programs.

Now, one of the really difficult issues for me back home with this bill, even though it is advertised differently, is that this bill will make it easier for people who are in our country without the benefit of citizenship or a Social Security number, it will make it easier for them to qualify in the State Children's Health Insurance Program. The citizenship verification requirement that is currently in the SCHIP authorization is eroded under the bill passed by the House. Now, they tell you that, no, we protect, it's only American citizens; but the reality is the CBO, Congressional Budget Office, that studies these things will tell you that the erosion of the verification process will, in fact, allow many more people in to have coverage that are in the country without the benefit of going through the legal process to be in this country.

And the number is significant. The Congressional Budget Office estimates that over 10 years' time, that will ac-

count for about \$3.5 billion of new spending to cover people who are in the country without benefit of Social Security numbers.

Shouldn't we be focusing on those children between 150 percent of poverty and 200 percent of poverty that we are not finding now? Shouldn't we be focusing on those instead before we begin to focus on people who are in the country without the benefit of citizenship? I think so. I know the constituents in my district back in Texas think so.

We need to do a good job for the people who are here legally or are natural citizens of this country before we start reaching out to cover other populations. We can't cover those other populations at the expense of the people that we are required to take care of.

Well, Mr. Speaker, I have a lot of concerns about the bill that passed the floor of this House, and I am grateful now that we are going to get another opportunity to visit that with a vote. The cost is high, but I don't think we should be focusing on cost. I think fundamental issues like freedom and I think fundamental issues of erosion of private coverage of insurance are more important than this argument.

Now, wouldn't it be great if we gave families the help they needed to keep their kids on their employer-derived insurance? A family of four earning a little over \$40,000 a year, if the mom and dad or the primary wage earner is covered under employer-derived insurance but they look at the cost of pulling the kids onto the policy, and it is just too much for us, we can't swing that, what if we took the approach that we are going to buy down the cost of that coverage for their children for them so that their children would have the coverage? Wouldn't that be better than just placing the children onto a State-run program? Wouldn't it be better if everyone in the family was covered under the same provider book? When it came time to go to the doctor or necessary to go to the doctor, you have just got to look in one book. You don't have to have a book for Mom and Dad, who are covered under the employer's policy, and a book for the kids, who are covered under the government policy. One policy that covers an entire family makes a lot of sense.

Now, the current SCHIP bill, the one from 1997, does allow for the concept of premium support, but it is restricted in the total number of dollars that can be spent in that regard; and, quite frankly, there are so many obstructions and so many regulations that people get wrapped around the axle and they just never get through the process of getting that done. It's just easier to go down to fill out some paperwork and get on the full SCHIP program. Let's not worry with premium support. We can streamline that. We can make it easier.

Now, to be fair, there were some attempts in the bill passed on the floor of the House last September, some attempts to streamline that process, but

we could go a lot farther. We actually ought to encourage that because, again, it builds healthy families and that is what we ought to be about, building healthy families, not building a bigger government or building a government with a bigger appetite. Let's build healthy families and give them the power to make the decisions.

The other issue that we hear talked about a lot is, well, we are going to be covering many more kids with this program. But if we actually break the numbers down, the numbers are all over the map. You will hear quotes or read quotes from people who will talk about numbers that are literally all over the place. If you watched the Sunday shows, I don't think the same two numbers came out of the same person's mouth more than once. But if we break it down by the Congressional Budget Office and look at the population that will be covered that has previously not been covered, the number most consistently quoted is an additional 1.2 million children enrolled in the SCHIP program. But that includes about half of them who already have private health insurance coverage.

So the actual number diminishes by about half, that 600,000 children will be the increase, the uptick in the number of children who are covered under the bill that we passed on the floor of the House at the end of September. It costs a lot of money to do that. And it's not that I mind spending the money on something as worthwhile as children; but, really, shouldn't we be ensuring that we are getting value for the dollar, and is that really the best way to go about doing it, putting half of them on private health insurance in order to cover the other 600,000 children? I don't know that that is the wisest and best use of our time. I don't know that that is the wisest and best use of our dollars.

We should strive to deliver value for the taxpayer in everything we do, whether it be national defense, whether it be transportation funding, whether it be legislation supporting research and development, or whether it be legislation supporting the State Children's Health Insurance Program. But, Mr. Speaker, I really think it would be better if we gave more families more power and gave them the option of buying down the cost of that private health insurance so that we could keep them in a program where both parents and the children are covered under the same policy. If we could make the improvements in the premium support provisions of the bill, we might actually give a family the ability to cover their kids under their employee health plan and keep them all together under one umbrella coverage.

But this bill chooses to take those kids, about 600,000 who already have insurance, and push them into the SCHIP program.

Mr. Speaker, instead of federalizing health care, instead of expanding the power and reach of the Federal Govern-

ment, why don't we give families a lift and let the families make the best decisions? I think they will make the best decisions regarding their health and their families' health. But more and more families will be dropping private health insurance if this bill as passed by the House is allowed to stand.

Mr. Speaker, again, we hear a lot of stuff about how this veto fight polls very well for Democrats and this is an election issue that has been handed to them and they wouldn't think of compromising because, after all, by golly, they are on the right side of this fight.

But look at this, Mr. Speaker: Are Americans concerned that families would drop private coverage if they had the option to have a Federal program available to them? You bet they are. Fifty-five percent are concerned or very concerned about just this eventuality.

Mr. Speaker, it's a shame when politics trumps sound public policy; but, unfortunately, we seem to be very much involved in a time where that's the coin of the realm and that's one of the things we are going to have to expect and work through.

When you look at the State Children's Health Insurance Program passed in 1997, what was the situation? You had a Republican majority in Congress and you had a Democratic President, and they were able to work that out between them and come up with a plan that is fairly sensible and has worked well for 10 years' time. Well, now we have got a Democratic House and a Republican President. Is there any reason why this shouldn't work when the reverse worked 10 years ago? I am at a loss to explain that. I am at a loss to understand why it wouldn't work now.

Mr. Speaker, I am a physician by trade. As a consequence, I frequently get to talk to doctors who come up to Congress to talk to us about the health policy decisions that we make and those that we should make and some of them we have made that have had unintended consequences. So I spend a lot of my time talking to physicians who come to Washington who are concerned about things. And a lot of doctors have been through town the past couple of weeks concerned about SCHIP and trying to learn more about it, trying to find out what all the fighting is about, why can't Congress agree on things.

And I was talking to a group of probably 70 doctors at the end of last week, and I asked if anyone in the audience practiced pediatrics. And a gentleman raised his hand. And I said, Are you aware of the fight going on in Congress right now with the reauthorization of SCHIP? And he said, Yes, I've been following it some.

And I asked him, When you are at home in your private practice of pediatrics and an SCHIP patient comes in, for the reimbursement for the services you render for that patient, does the government treat you the same as a

private insurance company does? Is your reimbursements rate identical for those two patients?

He said, Oh, no. It's about a third less on SCHIP.

So, sir, what would be the effect if we took your patients who are on private health insurance and moved more of them to SCHIP? Would that have a positive or negative financial impact on your practice?

He said, It would be very negative, obviously.

And I said, Would you have any difficulty? Would you be able to make up that difference?

And he didn't have an answer for me. He was obviously doing some figuring in his head.

But, Mr. Speaker, that points up one of the other problems here. When we expand the reach and grasp of the Federal Government in health care, what happens? When it comes time to shave a few dollars off the program to find dollars for something else or find dollars to expand the program, one of the first places we go, witness the Medicare program. What is the number one complaint we hear from providers all over the country about the Medicare program? It is not that their patients can now get prescription drugs. It is that every year they face a 5 to 10 percent reduction in reimbursement rates for providers because of the way the Medicare program is scheduled and structured.

Can we honestly take a step back and say it would be a good thing to do that to the pediatricians of this country? We are having enough trouble right now with the health care workforce. Do we think we are going to improve that if we expand the size and grasp of the Federal Government and, as a consequence, ratchet down reimbursement rates for pediatricians? Do we expect to find more pediatricians in our community or less? I think you know the answer to that.

Now, Mr. Speaker, there is one other aspect to this, and I am always advised by people who advise me about communications and, in talking with regular people, that no one wants to hear about process in Washington. But, after all, we are about process here in this House, and I think it is worthwhile to at least mention once again some of the process problems that have given us this impasse on the State Children's Health Insurance Program. Remember, in this body I could probably name one or two people that wouldn't have voted for a sense of the Congress that said we want to reauthorize SCHIP this year. If we all gathered here in January and said before the fiscal year is over, do you want to reauthorize SCHIP or not, I don't know if there would have been a single negative vote had that been taken on the floor of the House in January.

So how do we get here where we are? I would submit to you it has been the activities of House leadership, the way this bill was brought to the floor. No

legislative hearings, no subcommittee markup. A full committee markup that was a joke and then pushed to the House floor, and, oh, by the way, if you have got amendments, don't bother to stay up late for the Rules Committee because we are not going to entertain them.

□ 2200

And that bill was so fatally flawed it died a tortured death during the month of August and then resurrected. The Senate had a bill. The House bill was so flawed, there was no way they could go to conference between the two of them, so we did kind of a conference but kind of not a conference, where we just kind of sprung from the Earth out of whole cloth a new House bill that was remarkably similar to the Senate bill, but it wasn't a conference report. It was brought to the floor of the House like a conference report, that is, once again, no hearings, no subcommittee markup, no full committee markup, no possibility of amending or improving the bill, even though it's a brand new bill. It had never been through the committee process. It was the Senate bill that just kind of got massaged a little bit, given a House number, and here we go, it's a conference report. But it's not, and no one believed that it was. But we treated it like one, we brought it to the floor of the House, it was voted up or down, no possibility for amendment. The vote passed, but not with enough numbers to override the Presidential veto. And that's what we will face at the end of this week.

The Democratic leadership asked for an additional 2 weeks to make their case to the American people. Well, they've had their 2 weeks; they've made their case to the American people. And as people look at this bill, they say, I don't know if we want to encourage people to drop their private coverage to go on a Federal program, and that's because the American people are a lot smarter than a lot of us about these things.

Mr. Speaker, I would give to you as an example of how things can be done correctly, we reauthorized the Food and Drug Administration earlier this year. That also came through my committee. We had hearings, we had a subcommittee markup, we had a full committee markup. The original legislation that I saw early in June was so awful I didn't even want to be associated with it as it came through the process. But we worked on it. We worked on it in the subcommittee, we worked on it in the full committee, we amended it. Staff had meetings between times. We coaxed it along. And at the end of the day, we had a bill that I think 400 of us could support when it came to the floor of the House. And then it went over to the Senate, similar activity. And then a conference report came back to the House, it went to the President and was signed. The biggest change and restructuring of the Food and Drug Administration in 40 years.

We heard the other side talking about it just a little while ago. We need to give the FDA the tools it needs to be able to function in the 21st century world. And guess what? In my committee we did that, and we did it the right way. We did it by working through the process. Yes, the Democrats were still in charge. Yes, they could have defeated every one of my amendments on a party line vote. But you know what? They didn't. Or if it was defeated, the chairman said, Well, we're going to look at that in the conference process, I promise you. And as a consequence, we got a bill that should be the model for the way legislation passes through this House of Representatives. And instead, when just a few months later it came time to reauthorize the State Children's Health Insurance Program, we got a tragedy of a bill.

Now, even just today we marked up a bill in full committee, after a subcommittee markup last week, on mental health parity. I didn't agree with a lot of things in the bill, but I had a chance to have my say. I got the chance to put my ideas out there and have them voted on by the committee. I knew I wasn't going to win on the votes, but I knew I had to present my argument. People watched that on C-SPAN. People will see that in the committee record. Over time, if I'm right, then I will win the argument of ideas. But if we never have the opportunity to debate it in committee, how is anyone going to know? How is anyone going to know? Sure we're going to lose the vote because we don't have the numbers over here, but if we never get a chance to debate the ideas, how are the American people going to decide when they look at this critically and say, I don't think that's a good idea. Well, we should give the American people that chance; the fact that we're not is just flat wrong.

We'll have our chance to vote on the bill this Thursday. I'm not a prognosticator. I don't know how it will turn out. I think it is the correct thing to do to support the President's veto and bring this bill back to the House. And I hope people of goodwill can get together and work on it, but, Mr. Speaker, I've got to tell you, although I'm generally optimistic about things, I'm worried. I'm worried that we've decided we have a political bludgeon that is just too important to use to hold on to power. And that's a tough thing for me to say, but all of the articles I read in the throw-away journals out here lead me to believe that.

Now, Mr. Speaker, think back on 1996, when welfare reform was passed by this House. Again, you had a Republican House of Representatives, a Republican Senate. It passed welfare reform, then President Clinton vetoed it. It goes too far. You're going to put people out on the streets. It's a bad bill. So they came back, they passed it again. They didn't include any Democrats in the process, they just passed it

again. And President Clinton looked at it and said, It's a bad bill. I'm going to veto it. So the third time both sides did get together and changed some things, albeit fairly modestly, but ended up with a bill that had, at the end of the day, both Republican and Democratic input, and the President was able to sign the bill.

I hope we have a repeat of that story in 2007 with the State Children's Health Insurance Program because the program is that important it requires involvement from both sides. It's a travesty to eliminate any single Member from the process because each one of us is charged with representing about 650,000 people back in our home districts. Is it right to simply silence those 650,000 voices, say no, you don't get a say in this because we're the majority party, we're in charge and what we say goes? The American people don't want to see that. I think they will have ample opportunity to judge both sides by their actions and by their words this Thursday, and most importantly, follow what occurs after that. Because if, indeed, the two sides can sit down together and work out realistically what may be some very modest differences between the bills, if that can happen, Mr. Speaker, we score a win for the American people. If that can't happen, if the allure of the perfect political bludgeon is too great and that bludgeon is seized and raised above the head and walked out of this Chamber with it to simply bash the opposition political party for another 12 years before the next legislation, well, I think the American people will be the big losers there.

Mr. Speaker, this is an important bill, it's an important subject. The reauthorization of the State Children's Health Insurance Program is supported almost unanimously in this body. So how did we get to a point where we have a bill that everyone wants to see reauthorized and no one wants to sit down and work on it? That's not a good work product for us to turn in for the American people.

Now, Mr. Speaker, after the bill passed, the Democrats passed the bill at the end of September, most people don't know what happened in this Chamber 2 days later. Remember, the bill was going to expire the 30th of September. Did it? Did it go away? Is there a State Children's Health Insurance Program right now? Yes, there is. We passed a reauthorization very quietly with a continuing resolution 2 days later, September 29th, here on the floor of this House, and that legislation is law and lasts until November 16th, when our target adjournment date is. I hope we get our work done by November 16th or 17th. I'm not overly optimistic that we will, but I hope we do. I know if I were a Governor of a State and looking at what dependability do I have for these funds coming in to help me take care of the poor children in my State, I wouldn't want to see that meted out in small little two- or three-

month segments. That's too hard. That's too hard to make decisions. That's too hard to govern with that kind of apportionment.

So, if we are not able to come to a decision before the 16th of November, I would argue for a much longer term of reauthorization under a continuing resolution. And although the numbers would stay the same, as they were in the bill that was passed in 1997, the dependability of having those funds I think is something most State Governors would want. I hope that State Governors will weigh in on this issue with Members of both political parties and impress upon them the importance of providing the stability of that source of funding as we go forward in this process.

Mr. Speaker, again, remember, the population of children that was originally the object of focus in the original State Children's Health Insurance bill were those children, that population of children that was between 150 percent and 200 percent of the Federal poverty limit. Ask yourself the question, where we are today, have we covered the majority, 90 or 95 percent of the children in that bracket? And the answer to that question is no. Let's do the hard work of finding those children, identifying them, and getting them into the program. Let's do that hard work before we go after easier applicants in higher income brackets.

The whole intent of the program was to provide the coverage for those who needed it the most; and Mr. Speaker, they still need it. Their needs have not changed. Even though our focus has changed to successively higher income groups, those children in the 150 to 200 percent of poverty, too much money to be covered under Medicaid, not enough money to buy private health insurance for about half of them, there are children in that bracket who remain uncovered to this day.

Let's put our outreach efforts on those children. Let's put our focus on those children and bring those children into a condition of coverage before we begin to vastly expand the program. And I think that's the message that has been delivered by the ranking member of my Committee on Energy and Commerce, Ranking Member BARTON, the ranking member of my subcommittee, Ranking Member DEAL. That's been the message. That's been the focus that they have consistently articulated on the floor of this House, and they're exactly correct. If we don't want to do the hard work, the American people will see through that. And if we just simply want to bring other children into the program, children who already have coverage from some other location, to expand the program, just simply expand the program for expansion's sake, to expand the reach and grasp of the Federal Government, are we doing right by those children that are just too tough for us to find? No, I don't think so.

I think, although it's hard work, it's good work. I think the States have the

means, the mechanism and the capability of finding those children. And that's what we ought to be about in this body, encouraging them to find those children and bring them into the program. Then, and only then, can we talk about expansion beyond that limit. And if, indeed, we can show that across the country we have identified those children, we have brought them into the program, and then we want to talk about expansion and there's the money there to do it, I'm all for it. But until we identify those children, until we have made certain that we have covered the children that we were supposed to cover in the first place, we really don't have any business trying to expand the program.

I would argue for an upper limit being placed at 250 percent of poverty. I think that is a reasonable upper limit. If we cover 95 percent of the children below 200 percent of poverty and then we expand that to children up to 250 percent of poverty and we do a good job of identifying those children, I think the SCHIP program is functioning as intended and providing the coverage it needs to provide.

And Mr. Speaker, let me just go back to the previous slide for a moment. If we identify those children, and perhaps expand to cover some children who are in up to the 250 percent of poverty, fill in the gaps, look what's happened. We're covering almost all the children in the United States of America, and that's something of which every Member in this House can be proud, Republican and Democrat alike. And wouldn't it be great if we worked together to accomplish that instead of going after the cheap political hit and trying to advance our own power.

Mr. Speaker, you have been very generous with your time tonight. In summation, I would just say once again, I favor the reauthorization of the State Children's Health Insurance Program. I want to see that program reauthorized. I want to see it done sensibly. I don't want to see us grow the reach and grasp of the Federal Government unreasonably. I want us to keep families involved in their own health care. And Mr. Speaker, I think we can do it. It is hard work. It is going to have to require some compromise on both sides, but after we sustain the President's veto on Thursday, I look forward to getting involved in the process and getting that work done because it's the right thing to do for America and it's the right thing to do for our kids.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. WILSON of Ohio (at the request of Mr. HOYER) for today and October 17 on account of medical reasons.

Ms. WOOLSEY (at the request of Mr. HOYER) for today.

Mr. REYES (at the request of Mr. HOYER) for October 15 on account of travel and weather problems.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. SNYDER) to revise and extend their remarks and include extraneous material:)

Mr. CUMMINGS, for 5 minutes, today.

Mr. SNYDER, for 5 minutes, today.

Mr. ELLISON, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. KAGEN, for 5 minutes, today.

Mr. MORAN of Virginia, for 5 minutes, today.

(The following Members (at the request of Mr. POE) to revise and extend their remarks and include extraneous material:)

Mr. POE, for 5 minutes, October 23.

Mr. JONES of North Carolina, for 5 minutes, October 23.

Mr. DAVIS of Kentucky, for 5 minutes, October 17.

ENROLLED BILL SIGNED

Ms. Lorraine C. Miller, Clerk of the House, reported and found truly enrolled a bill of the House of the following title, which was thereupon signed by the Speaker:

H.R. 1495. An act to provide for the conservation and development of water and related resources, to authorize the Secretary of the Army to construct various projects for improvements to rivers and harbors of the United States, and for other purposes.

ADJOURNMENT

Mr. BURGESS. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 10 o'clock and 14 minutes p.m.), the House adjourned until tomorrow, Wednesday, October 17, 2007, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 8 of rule XII, executive communications were taken from the Speaker's table and referred as follows:

3727. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Boeing Model 767-200 and -300 Series Airplanes [Docket No. FAA-2005-21748; Directorate Identifier 2005-NM-071-AD; Amendment 39-15044; AD 2007-10-03] (RIN: 2120-AA64) received October 1, 2007, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

3728. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Rolls-Royce plc RB211 Series Turbofan Engines; Correction [Docket No. FAA-2006-25584; Directorate Identifier 2000-NE-62-AD; Amendment 39-14733; AD 2006-17-12] (RIN: 2120-AA64) received October 1, 2007, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

3729. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Turbomeca Artouste